



PTO/SB/21 (02-04)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/622,310
		Filing Date	July 17, 2003
		First Named Inventor	Janice NORTH
		Art Unit	1614
		Examiner Name	R. Henley
Total Number of Pages in This Submission	14	Attorney Docket Number	273012013101

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (1 page + duplicate for fee processing)	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply (9 page)	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request (1 page)	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return receipt postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer (1 page)	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		
Customer No. 25225		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	MORRISON & FOERSTER LLP Karen Zachow, Ph.D. - 46,332
Signature	
Date	September 27, 2004

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 521940135 US, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: September 27, 2004

Signature: (Grace Yu)



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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1,060.00)

Complete if Known	
Application Number	10/622,310
Filing Date	July 17, 2003
First Named Inventor	Janice NORTH
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Art Unit	1614
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METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)			
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None	
<input checked="" type="checkbox"/> Deposit Account:					3. ADDITIONAL FEES
Deposit Account Number	03-1952				
Deposit Account Name	Morrison & Foerster LLP				
The Director is authorized to: (check all that apply)					
<input type="checkbox"/> Charge fee(s) indicated below	<input checked="" type="checkbox"/> Credit any overpayments				
<input type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)					
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.					
FEE CALCULATION					
1. BASIC FILING FEE					
Large Entity	Small Entity	Fee Description	Fee Paid		
Fee Code (\$)	Fee Code (\$)				
1001 770	2001 385	Utility filing fee			
1002 340	2002 170	Design filing fee			
1003 530	2003 265	Plant filing fee			
1004 770	2004 385	Reissue filing fee			
1005 160	2005 80	Provisional filing fee			
SUBTOTAL (1) (\$)		0.00			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE					
Extra Claims		Fee from below	Fee Paid		
Total Claims	-** =				
Independent Claims	-** =				
Multiple Dependent					
Large Entity	Small Entity	Fee Description	Fee Paid		
Fee Code (\$)	Fee Code (\$)				
1202 18	2202 9	Claims in excess of 20			
1201 86	2201 43	Independent claims in excess of 3			
1203 290	2203 145	Multiple dependent claim, if not paid			
1204 86	2204 43	** Reissue independent claims over original patent			
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$)		0.00			
*or number previously paid, if greater; For Reissues, see above					
Reduced by Basic Filing Fee Paid					
		SUBTOTAL (3) (\$)	1,060.00		

(Complete if applicable)					
Name (Print/Type)	Karen Zachow, Ph.D.	Registration No. (Attorney/Agent)	46,332	Telephone	(858) 720-5191
Signature	<i>Karen R Zachow</i>			Date	September 27, 2004